

REIMBURSEMENT FORM FOR MEMBERS OF BOARDS, COMMITTEES, AND COMMISSIONS

Use this form to request reimbursement for transportation or dependent care expenses relating to membership on a County Board, Committee, or Commission (B/C/C). Members should submit this form on a quarterly basis to the staff support of your B/C/C.

B/C/C Name: _____

Member's Name: _____

Address: _____

Street Address

City, State and Zip Code

Phone: (____) _____ (____) _____
 Office Home

Member's Social Security Number: _____
(required for processing through ADPICS as vendor #)

Dates of Meetings: _____
 (month/day/year) (month/day/year) (month/day/year)

Travel Reimbursement: Yes___ No___ # of Mtgs.____ x \$___ = _____
(\$10.00 per regularly scheduled meeting or subcommittee meeting)

Dependent Care Expenses: Yes___ No___ # of Mtgs.____ x \$___ = _____
(\$30.00 per regularly scheduled meeting or subcommittee meeting)

Total Reimbursement Request: _____ \$_____

I verify that the above information is correct and request reimbursement for the above expenses.

Member's Signature Date B/C/C Staff Signature Date

This form should be processed by the B/C/C departments; there is a non-departmental account established for these expenses (index code 9960 01-001; Subobject Code 5102). For additional information, please call 240-777-2528 or contact Finance to obtain authorization to access the non-departmental account.